

DRIVER EDUCATION COURSE COMPLETION REPORT

MAIL OR FAX WITHIN 7 DAYS FROM COMPLETION OF COURSE TO:
BUREAU OF MOTOR VEHICLES, DRIVER EDUCATION PROGRAM
29 STATE HOUSE STATION, AUGUSTA, ME 04333-0029
TEL: 624-9000 ext. 52128 FAX: 624-9158

SCHOOL NAME: TELEPHONE#:

SCHOOL LOCATION: SCHOOL LICENSE#:

INSTRUCTOR(S) (Class A & B):

COURSE START DATE & TIME (a.m. or p.m.):

COURSE ENDING DATE:

	STUDENT NAME: (List alphabetically)			D.O.B.	PHONE #	CCC #
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I certify that each student has completed 30 hours classroom instruction and 10 hours behind the wheel driving instruction.
I understand that knowingly supplying false information will result in the suspension or revocation of any license issued to me.

LICENSEE'S SIGNATURE: DATE:

NOTE: A copy of this roster must be kept on file with the student record sheets. Rev. 9/26/13